
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SYSTEMS AND METHODS FOR THERAPEUTICALLY TREATING NEURO-PSYCHIATRIC
DISORDERS AND OTHER ILLNESSES

SPECIFICATION IDENTIFICATION

The specification is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

60/

December 30, 2003

POWER OF ATTORNEY

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

AUTHORIZATION OF ATTORNEY(S) TO ACCEPT AND FOLLOW INSTRUCTIONS FROM REPRESENTATIVE

The undersigned to this declaration and power of practitioner hereby authorizes the U.S. practitioner(s) named herein to accept and follow instructions from:

Hahn Loeser + Parks LLP
Twin Oaks Estate
1225 West Market Street
Akron, OH 44313-7188
Customer No. 021324

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. practitioner(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. practitioner(s) will be so notified by the undersigned.

SEND CORRESPONDENCE TO

David J. Muzilla
Twin Oaks Estate
1225 West Market Street
Akron, OH 44313-7188
021324

DIRECT TELEPHONE CALLS TO:

David J. Muzilla
330-864-5550

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Jacob Zabara

Inventor's signature

Date 2/3/04

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